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ABSTRACT

Part of a volume which explores current issues in service delivery to infants and toddlers (ages birth to 3) with handicapping conditions, this chapter discusses the process of change in relation to policy implementation of Public Law 99-457, beginning with an analysis of congressional, federal, and state dimensions. The concept of change is viewed as a dynamic process of ensuring that early intervention policies, ideas, programs, products, or systems (PIPPS) are put into practice within local communities and states. Phases of user decision making are outlined (awareness, interest, evaluation, support, resources, try-out, preoperations), and a planning approach to guide implementation is described. The lead agency and the state interagency coordinating council are seen as primary leaders of the implementation effort. References are appended. (JW)

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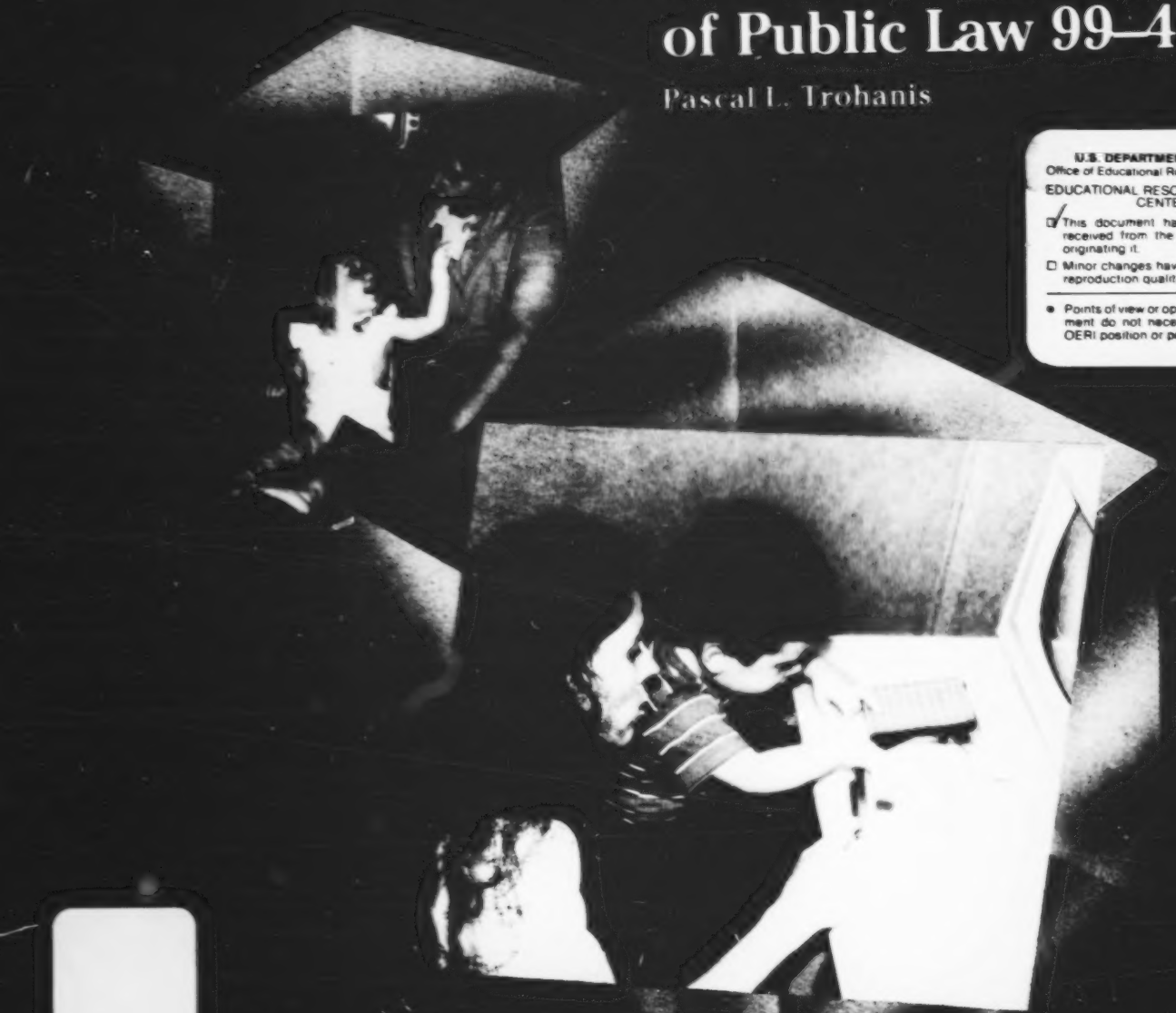
Preparing for Change: The Implementation of Public Law 99–457

Pascal L. Trohanis



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There is nothing permanent except change. (Heraclitus, 560 B.C.)

❑ Congress expects concrete benefits and improvements over the next 5 years, resulting from the handicapped infant and toddler portion of P.L. 99-457. For example:

1. America's eligible children with special needs and their families and society will reap positive outcomes from the implementation of this law, which includes reduced institutionalization, optimal child development, and family participation.
2. All states will have implemented and routinized comprehensive, coordinated, interdisciplinary service systems and accompanying state policies and standards.
3. Appropriate funds, technologies, knowledge, and personnel will be available to ensure the efficient and effective implementation of the early intervention initiative.

In reality, over the next 60 months, will these goals be accomplished in our nation?

For most states fulfilling these goals represents an enormous implementation challenge, grounded in bringing about substantive changes in people and organizations. Plans for these changes must be developed and channeled into positive action rather than allowed to succumb to barriers of inaction and the status quo. State agents of change, such as the state interagency coordinating council and the lead agency, must provide leadership and vision for this action planning.

Plans for changes must be channeled into positive action.

This chapter will acquaint the reader with ideas and perspectives on the process of change in relation to policy implementation. As agents of change, parents, professionals, and others must be able to adapt to and provide leadership for change—the betterment of young children with special needs and their families. Also, implementers must build upon the best of the past and recognize that change and improvement take time, persistence, and patience. Finally, sound implementation calls for a team of people to plan and work together, for no one discipline, profession, advocate or parent group, setting, or agency can provide everything all alone.

Parents, professionals others must provide leadership to change.

This chapter begins with a description of the process of change in relation to policy implementation. Next, a planning approach is introduced to help develop a thoughtful action plan for the implementation of an early intervention policy. Suggested guidelines are also included.

PROCESS OF CHANGE IN RELATION TO POLICY IMPLEMENTATION

❑ As described in earlier chapters of this book, a public policy provides a vision, a particular strategy to solve a problem, a sanction of behaviors and attitudes, and a distribution of resources. A national policy for early intervention has been conceptualized, formulated, and enacted. Also, catalytic monies have been appropriated and disbursed by the federal administering agency, the U.S. Department of Education.

A national policy has been enacted.

P.L. 99-457 represents a new policy that must be translated into action by all states, territories, the District of Columbia, and the Bureau of Indian Affairs. To do so effectively and efficiently, agents of change in all

jurisdictions must plan an implementation process that takes into account four sets of intertwined elements of change—context, PIPPS (policies, ideas, programs, products, and systems), user decision making, and techniques.

Context and Change

❑ Context refers to a cluster of characteristics that represent the impetus and expectations for change, authority for involvement, and climate in terms of support for implementation of the early intervention policy. The following three dimensions can be defined:

1. Congressional dimension
   (a) Encourage optimal child and family development.
   (b) Minimize likelihood of institutionalization.
   (c) Reduce need for special and more costly class placements.
   (d) Reaffirm dignity and self-esteem of each individual.
   (e) Seek concurrence, cooperation, and teamwork among federal, state, and local organizations and parents.
2. Federal government dimension
   (a) Designate an administering agency of the U.S. Department of Education (OSERS and OSEP) for day-to-day management, monitoring, and technical assistance to the program.
   (b) Compose regulations based on P.L. 99-457 and make them available to help guide the implementation process.
   (c) Implement funding levels (uncertain beyond the current one-year appropriation of $50 million).
   (d) Sponsor other discretionary assistance projects, such as technical assistance and training, research, and demonstration, to provide support to states.
3. State dimension
   (a) Make interpretations of P.L. 99-457 and its early intervention provisions.
   (b) Make known current status of and support for changes and improvements in community-based early intervention services across the state.
   (c) Provide major leadership in state change efforts by members of lead agency and state interagency coordinating council.
   (d) Make available status of and needs for resources, personnel, and know-how to conduct implementation.
   (e) Support collaborative comprehensive service system planning and implementation activities among public and private state and local agencies and parents.

These three dimensions will serve as contextual building blocks used by the states' agents of change for the implementation process. They will influence views toward the substance of change, decision-making models, and various techniques.

PIPPS and Change

❑ *Change* is seen here as a complex and dynamic communication process of ensuring that early intervention policies, ideas, programs, products, or systems (PIPPS) are put into practice within local communities and states. Agents of change and users (targets of change) will interact mutually with one another about PIPPS and their value and contributions to comprehensive service systems. As the substance of change efforts in states, PIPPS pertinent to early intervention may consist of the following:

Agents of change and users interact with one another.

1. Some of the minimum components of early intervention system such as
   (a) definition of developmental delay
   (b) multidisciplinary evaluation
   (c) IFSP (individualized family service plan)
   (d) case management
   (e) child find
   (f) public awareness
   (g) central directory
   (h) single line of responsibility
   (i) procedural safeguards.
2. Funding and matters such as payor of last resort, private sector finance, and no reduction of other benefits.
3. State interagency coordinating council and lead agency—new roles, responsibilities, and relationships.

Agents of change must be able to resolve questions that users in states and communities may have about PIPPS such as: What is the content of the PIPPS? What makes our PIPPS worthwhile and effective? How does it benefit children, families, professionals? What are the costs? Is it compatible with local values? Does it meet the intent of the law? Are there issues and challenges of PIPPS still unresolved? (See Figure 1.)

Users go through reorganizations in behaviors as they accept or reject PIPPS.

Early intervention PIPPS such as those tied to P.L. 99-457 will provoke changes. The introduction of PIPPS will spark mental/attitudinal processing by people involved in the implementation process. These affected users (e.g., parents, therapists, teachers, social workers, bureaucrats) will go through a series of reorganizations in their behaviors, skills, knowledge bases, and attitudes as they accept or reject PIPPS. Assuming that a posture of acceptance can be nurtured, positive action should follow, along with the eventual installation and routinization of the early intervention PIPPS, that is, case management, IFSP, and procedural safeguards. In essence, the implementation of P.L. 99-457 and its early intervention provisions involves the transfer of knowledge (PIPPS) from one agency or person (e.g., "According to lead agency policy, this is what case management is.") to another (e.g., "I as a parent can accept and implement this procedure."). This transfer represents an instance of change including innovation, diffusion, and adoption. As Zaltman (1979) observed, "As knowledge and its use may diffuse through a population, social change may occur. Thus, many instances of intended knowledge utilization are instances of planned change" (p. 84).

Transfer represents innovation, diffusion, adoption.

Figure 1. Sample of PIPPS and Unresolved Issues/Challenges for Implementation.

1. IFSP
   a. Should IFSP indicate who is fiscally responsible?
   b. What constitutes family?
   c. Should assessment include family's perception of the child?
   d. What is the best way to ensure that services are provided in a manner least disruptive to child and family?

2. Child Find and Evaluation
   a. What constitutes comprehensive and timely?
   b. What about confidentiality of information about total family functioning?
   c. Should there be a single portal of entry into the service system?
   d. Who should do the testing?

3. Procedural Safeguards
   a. Are complaint procedures limited to parent initiatives?
   b. What is the difference between a complaint and a dispute?
   c. What about specified time frames to resolve disputes?

4. Lead Agency and State Interagency Coordinating Council
   a. What are the roles and authority of each?
   b. How can infant/toddler and preschool initiatives be closely related since P.L. 99-457 separates them into two titles?
   c. How should physicians be involved?

5. Case Management
   a. What does this term mean for implementation?
   b. Who is being case managed?
   c. Is there a better term that can be used?

6. Personnel Preparation
   a. Are the numbers of professionals sufficient or insufficient to meet needs over the next 5 years?
   b. What core competencies, if any, are necessary?
   c. How will credentials and licensure be addressed?

User Decision Making and Change

Agents of change must see to it that the users are kept in mind.

❑ Agents of change must see to it that the users (targets of change) are kept in mind. This notion is vital, since apparently people go through a decision process in considering, accepting, and/or rejecting the PIPPS that are being introduced. Rogers (1983) outlined the following decision process:

1. Knowledge stage: User acquires general information about PIPPS.
2. Persuasion stage: User develops a leaning toward PIPPS.
3. Decision stage: User decides to adopt PIPPS.
4. Implementation stage: User puts PIPPS into use.
5. Confirmation stage: User seeks further information to support choice of PIPPS.

Loucks (1983) provided a view similar to Rogers'. She described change as a process and not an event—a personal process that individuals experience differently. Further, Loucks suggested that as people get involved with the new PIPPS, individuals experience similar growth patterns. These views are summarized best in what is known as CBAM—concerns-based adoption model. Following is an example of the

stages of concern and some typical expressions of concern about the PIPPS:

Stages of Concern	*Typical Expressions of Concern by Users*
0. Awareness:	"I am not concerned about the PIPPS."
1. Informational:	"I would like to know more about the PIPPS."
2. Personal:	"How will using the PIPPS affect me?"
3. Management:	"I seem to be spending all my time shuffling paperwork and getting ready."
4. Consequence:	"How is my use of the PIPPS affecting children and families?"
5. Collaboration:	"I am concerned about relating what I am doing with what others are doing."
6. Refocusing:	"I have some ideas about something that would work even better."

Framework starts with an awareness of PIPPS.

A third view of change and decision making was offered by Trohanis (1982). See Figure 2 for an overview of user decision making that deals with the considerations users are likely to weigh as they make decisions concerning PIPPS. The framework starts with developing an *awareness* of the PIPPS and moves through phases of showing *interest*, weighing or *evaluating* its value, seeking wider *support* for the PIPPS, identifying and securing *resources*, and deciding to *try out* the PIPPS; the framework concludes with finalizing the *preoperations* necessary for adoption, adaption, or installation. Of course, the agent of change hopes the user accepts the PIPPS and then works toward its installation and routine use. However, the user may choose to accept or reject the PIPPS depending upon a host of factors. A decision-making framework can help point to factors that can cause a potential user to reject PIPPS; awareness of these factors allows the agent of change to correct or minimize their impact. Any oversight can lead to rejection. For example, if potential benefits of PIPPS are unclear, the user may reject the practice from the outset. Factors outside the agent's control (resources, for example) may also lead to rejection.

Any oversight can lead to rejection.

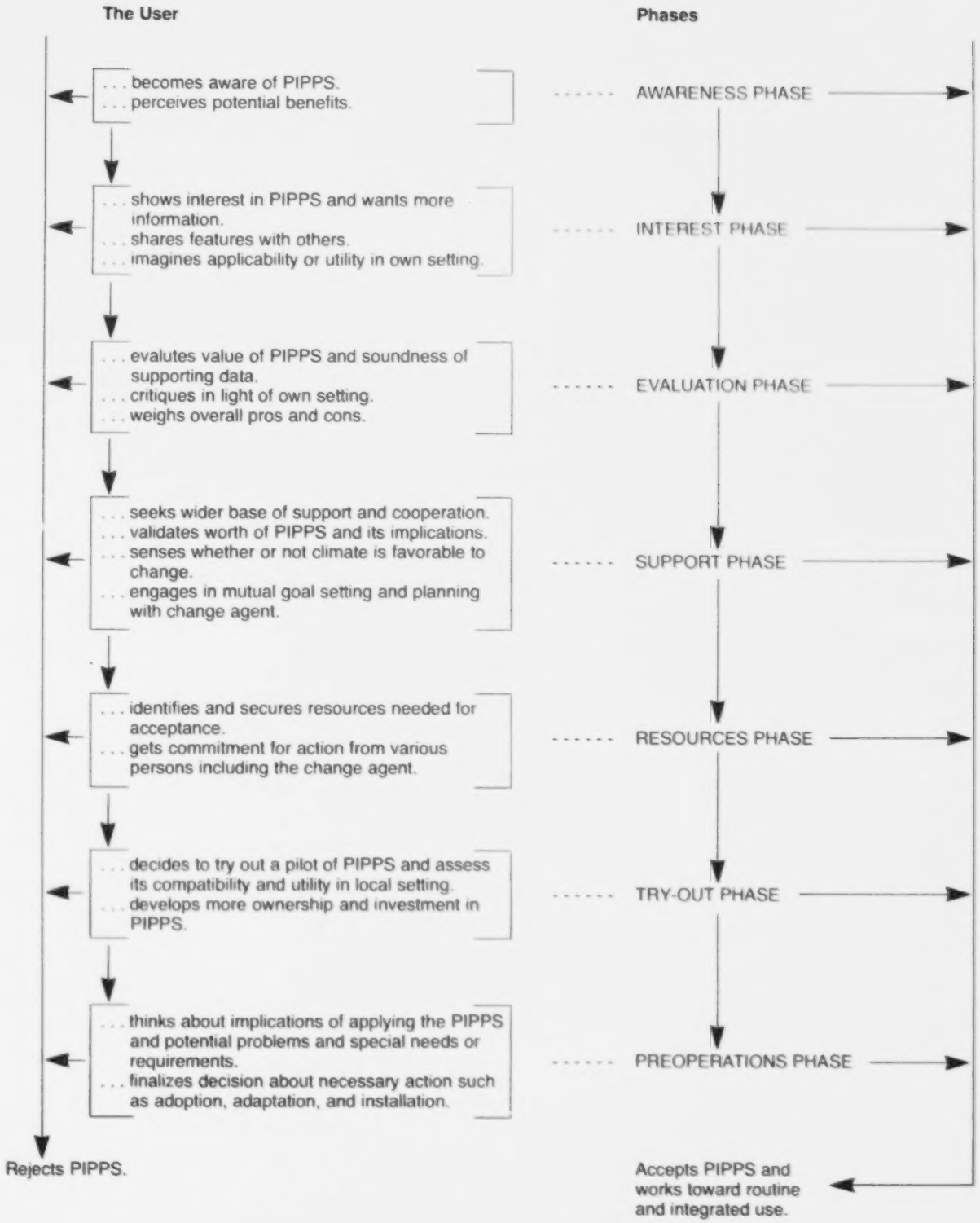
Thus, people react to and get involved in new early intervention PIPPS through information-gathering activities—awareness of and wanting to know more about PIPPS such as IFSP, evaluation, and case management; through learning more about PIPPS by trying it out mentally or setting up small-scale trials or pilot projects; and through decision-making activities—accepting, implementing, installing, and routinizing the PIPPS until a better one comes along.

Techniques and Change

❑ In order to bring about positive change and effective implementation of an early intervention policy, some different techniques must be considered and used by the agents of change:

- *Rational* calls for the unbiased presentation of facts, appropriate knowledge, and data to help people change through such strategies as reports, concept papers, research studies, and information presentations at forums. This technique seems most useful for developing awareness of and information about PIPPS.

Figure 2. User Decision Making by Phases


The User
Phases
. . . becomes aware of PIPPS.
. . . perceives potential benefits.
AWARENESS PHASE
. . . shows interest in PIPPS and wants more information.
. . . shares features with others.
. . . imagines applicability or utility in own setting.
INTEREST PHASE
. . . evalutes value of PIPPS and soundness of supporting data.
. . . critiques in light of own setting.
. . . weighs overall pros and cons.
EVALUATION PHASE
. . . seeks wider base of support and cooperation.
. . . validates worth of PIPPS and its implications.
. . . senses whether or not climate is favorable to change.
. . . engages in mutual goal setting and planning with change agent.
SUPPORT PHASE
. . . identifies and secures resources needed for acceptance.
. . . gets commitment for action from various persons including the change agent.
RESOURCES PHASE
. . . decides to try out a pilot of PIPPS and assess its compatibility and utility in local setting.
. . . develops more ownership and investment in PIPPS.
TRY-OUT PHASE
. . . thinks about implications of applying the PIPPS and potential problems and special needs or requirements.
. . . finalizes decision about necessary action such as adoption, adaptation, and installation.
PREOPERATIONS PHASE
Rejects PIPPS.
Accepts PIPPS and works toward routine and integrated use.

- *Training* stresses the provision of preservice and inservice training to upgrade knowledge and skills and help people face changes through such strategies as workshops, courses, seminars, and visiting other programs. This technique appears most suitable for management and try-out stages.
- *Persuasion* represents the selling of PIPPS to help change peoples' attitudes and predispositions through such strategies as public relations, lobbying, public service announcements, news releases, and audiovisual presentations. The technique seems best with building interest in PIPPS, weighing its value, and seeking wider support.
- *Consultation* focuses on a personal and collaborative problem-solving approach with strategies such as one-to-one (face-to-face) contact, technical assistance, and group processes to facilitate and nurture change and acceptance. This technique seems best with personal, management, and user concerns.
- *Power* mandates change by an authority through strategies such as sanctions, coercion, licensure, and compliance monitoring. This technique appears to work well with the decision and resources stages.

Agents of change must consider context, PIPPS, user decision making, techniques.

Agents of change must consider these four major ingredients of change—context, PIPPS, user decision making, and techniques—prior to engaging in more specific action planning. As Bowman (1981) said, "Change has a tendency to make us anxious and pessimistic, but it is frequently from change that our most innovative and effective programs arise" (p. 49).

A PLANNING APPROACH TO GUIDE IMPLEMENTATION

❑ A planning approach incorporating these major ingredients of change is depicted in Figure 3. This approach outlines 13 related tasks that must be considered and addressed to foster success. It is intended for use by agents of change who may be part of the state interagency coordinating council or lead agency to spark discussion and consensus, generate purposes, explore alternative techniques and strategies in relation to resources and constraints, and implement and evaluate efforts for change and improvement.

To further assist with planning endeavors, several implementation guidelines are offered for consideration (Bozeman and Fellows, 1987; Eliot & Dowling, 1982; House, 1976; Loucks, 1983; Parish & Arends, 1983; Rogers, 1983; Trohanis, 1982):

1. Implement a mix of top-down (forward mapping) planning strategies which start at the state-level and move to the community and bottom-up (backward mapping) strategies which begin at the community and work upward to the state. This mix promotes and sanctions formation of partnerships to conduct this type of planning.
2. Know the people and organizational milieu that are being asked to change. For example, who are supporters who can help with the implementation effort? Who are nonsupporters and who are "persuadables" who can be accounted for in planning.
3. Identify and work with peer/support networks that will make the implementation more efficient and effective.

Figure 3. Planning Approach to Guide Policy Implementation.

1. Pinpoint impetus and source of change for early intervention policy (note whether source is external, internal, or both).

2. Check status of current early intervention system of services and activities in state and communities and chart needs.
   a. Values and philosophy
   b. History
   c. Extant services and providers
   d. Manpower availability

3. Identify and specify content of early intervention (PIPPS) pertinent to a state's comprehensive coordinated, multidisciplinary interagency system.
   a. Policies
   b. Ideas
   c. Programs
   d. Products
   e. Systems

4. Define scope of change in relation to PIPPS.
   a. Simple—little modification of early intervention service system is intended; less time-consuming effort will be required
   b. In-between—some adaptations and time are required
   c. Complex—major changes are required including personnel, procedures, and organizational protocols; a time-consuming effort will be required

5. Describe agents of change at state and local levels.
   a. Governor and staff
   b. Lead agency
   c. State interagency coordinating council
   d. Parents
   e. Local administrators
   f. Others

6. Define targets (users) and beneficiaries of change and identify their readiness for and commitment to implementation.
   a. Target = social worker . . . beneficiary = family
   b. Target = university professor . . . beneficiary = graduate student in early intervention
   c. Others

7. Examine barriers.
   a. Who might hinder your efforts?
   b. Who are the persuadables?
   c. What occasions are particularly sensitive?
   d. What about factors such as bureaucracies, social systems, economics, transportation, politics?

8. Set implementation parameters.
   a. Finance
   b. Manpower, staff, coalitions
   c. Quality control and compliance
   d. Pilot project or widespread implementation
   e. Timelines

9. Study setting(s) for change including culture, geography, and locale.

10. Establish goals or intended outcomes and garner support for these.

11. Conceptualize, develop, and implement techniques (and strategies) to facilitate support and acceptance.

(Continued)

Figure 3. Planning Approach to Guide Policy Implementation (Continued)

a. Rational
b. Training
c. Persuasion
d. Consultation
e. Power

12. Design an evaluation.

13. Determine amount and type of follow-along support necessary to help users (targets of change) adjust to new circumstances and use of PIPPS.

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4. Address unintended and unexpected outcomes or consequences that emerge as policy is implemented.
5. Build long-term and short-term plans that include incentives to ensure that the PIPPS are accepted, installed, and routinized as intended.
6. Encourage and support accessing sound information from research and "best practices" (bridging theory with practice) to get high-quality, practical, and useful PIPPS.
7. If necessary, given the nature and scope of change and setting, plan a sequence of events to implement the PIPPS and be aware of particular "transportation routes" that must be used to get the message across to the intended users.
8. Facilitate implementation by person-to-person contact and transactions. This must be a primary strategy that is carefully planned and used.
9. Depending on the scope of the intended policy change, weigh the implementation strategy carefully. For example, if the scope of change is complex, it may be best to start out with a small-scale pilot effort before going statewide.

Ohme (1977) provided this observation about planning and implementing a strategy for change: "The success of a plan does not depend necessarily upon its merit, but rather upon the right combination of leadership plus client and practitioner involvement" (p. 263).

CONCLUSION

❑ P.L. 99-457 and its early intervention initiatives identify, among others, the lead agency and the state interagency coordinating council as primary leaders of the implementation effort. It will be these formal organizations and their members who will promote change to and through many other individuals and organizations so as to implement high-quality, comprehensive, coordinated, multidisciplinary interagency services for very young children with special needs and their families.

Formal organizations and members will promote change.

As primary agents of change, the lead agency and council personnel will engage in long-term (visionary) and short-term (operational) planning; they will establish a mission for early intervention and oversee the development and installation of policies, ideas, programs, products, or systems (PIPPS) in their states. Their work will be to plan and carry out integration with other early childhood efforts in their states, a challenging and exciting effort.

Lead agency and council personnel establish mission, oversee development, installation.

It will be these people who must provide the direction, the energy, the communication, and the mobilization for positive change. Additionally, they must overcome resistance and synchronize a course that brings together the hopes of Congress, the administrative needs of the federal government, and the dreams and wishes of states for improved services to all of our nation's eligible infants, toddlers, and their families. While changes may alter the established order, cause stress, and create pain, people and their organizations are resilient. As Mack (1981) stated: "Social change asks you to alter the way you behave—to rethink what you can expect from others and what they can expect from you" (p. 5). He concluded by reminding us that human beings are able to learn to anticipate coping with new situations, ideas, circumstances, and practices. Human beings "can mentally practice coping with change before it happens; they can plan ahead" (p. 5).

Change agents must provide direction, energy, communication, mobilization for positive change.

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